24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
SENATE CONSERVATIVES ACTION	C C00524181
Check If X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	Data
Jamestown Associates	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 5 Mapleton Rd., Ste. 300	Amount
City State Zip Code	
Princeton NJ 08540	332228.60 Transaction ID : SE.4136
Purpose of Expenditure Category/ Type O04	Sought: House State: KY Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MITCH MCCONNELL Check	k One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00 Disbut	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	Amount
014	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type Office	e Sought: House State: Senate Dictrict:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	332228.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	332228.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisa Lisker [Electronically Filed] Date 10	0 30 2013
Signature	20.0